



FORM D

SEC Viail Processing Section

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

前禁 工人 海绵斑

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

:Modalanton, DC

OMB APPROVAL					
OMB Number:	3235-0076				
Expires:					
Estimated average burden					
hours per respon	se16.00				

SEC USE ONLY				
Prefix	Serie)			
DATE R	ECEIVED			

Westington Brotter (c)	1 1 1 1
JOO - UNIFORM LIMITED OFFERING EXEM	PTION
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
8% Unsecured Notes and Common Stock	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	□ nroe
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Wiland Direct, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
2950 Colorful Ave., Suite 100 Longmont, CO 80503	303-485-8686
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	DDO Com
Direct Marketing Database and Consulting Services	PROCESSED
Type of Business Organization	olease specify): JUL 1 6 2008 SA
KI Anthronia	ilease specify): JUL 1 6 2008 SA
<u> </u>	TUOLICON BELLEVA
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	THOMSON REUTERS
CN for Canada; FN for other foreign jurisdiction)	d e
GENERAL INSTRUCTIONS	
Pederal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Pifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOB must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION .

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

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2. Enter the information re					
		uer has been organized w			
					a class of equity securities of the issuer.
 Each executive offi 	icer and director of	corporate issuers and of	corporate general and mar	aging partners of	partnership issuers; and
Each general and n	nanaging partner of	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Fuit Name (Lust name first, i Phillip Wiland	f individual)				
Business or Residence Addre 2950 Colorful Ave., Sulte	ss (Number and 100 Longmont,	Street, City, State, Zip Co CO 80503	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Pastnes
Full Name (Last name first, i Peter Koclanes	f individual)				
Business or Residence Addre			ode)		
2950 Colorful Ave., Suite	100 Longmont, (170 B	Consol and/or
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Rick Russaw					
Business or Residence Addre			ode)		•
2950 Colorful Ave., Sulte	100 Longmont,	CO 80503	<u> </u>		- <u></u>
Check Box(es) that Apply:	Promoter	Beneficial Owner	Bxecutive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)		·	· · · · · · · · · · · · · · · · · · ·	
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Bxecutive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip C	Code)		
	(Use ble	ank sheet, or copy and use	additional copies of this	sheet, as necessary	/)

	ada Majara Tanggaran				B. II	FORMATI	ON ABOU	T OFFERU	NG 📜				
1,	Has the	issner sold	l, or does th	ne issuer in	tend to se	l to non-se	credited i	nvestors in	this offeri	ne?		Yes	No I x i
•.	mus the	133001 3010	, 01 0003 11			Appendix,						Ľ	
2.	What is	the minim	um investr								·····	\$_50,6	00.00
												Yes	No
3.			permit joint									R	
4.	commiss If a perso or states a broker	sion or simi on to be list , list the na or dealer,	ion request ilar remune ted is an ass me of the b you may so	ration for s sociated pe roker or de et forth the	olicitation rson or age aler. If mo	ofpurchase nt of a brok ire than five	rs in conno er or deale (5) persor	ection with r registered as to be list	sales of sec I with the S cd are asso	urities in tl EC and/or	ne offering. with a state		
Ful	l Name (I	ast name i	first, if indi	ividual)									
Bus	siness or I	Residence	Address (N	lumber and	Street, Ci	ty, State, Z	ip Code)						
Nat	ne of Ass	ociated Br	oker or De	aler				- 					
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	urchasers					••	
	(Check	'All States	" or check	individual	States)							☐ All	States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	LA NM UT	ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Ful	l Name (I	ast name	first, if indi	ividual)									<u> </u>
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)	 					
Nai	me of Ass	ociated Br	oker or De	aler								· ·	
Sta	tes in Wh	ich Person	Listed Ha	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)				***************		***************************************	☐ All	States
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Ful	li Name (I	ast name	first, if ind	ividual)									
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)	· · · ·					
Na	me of Ass	ociated Br	oker or De	aler					_				
Sta	tes in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solicit I	Purchasers			·			
	(Check	"All States	" or check	individual	States)				*************	.,	************	☐ Al	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE; NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

I.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\) and indicate in the columns below the amounts of the securities offered for exchange and		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	2,999,739.00	s 2,649,709.00
	Debt	261.00	s 291.00
	Equity		3
	Common Preferred		•
	Convertible Securities (including warrants)		
	Partnership Interests		
	Other (Specify)	3.000.000.00	s 2 650 000 00
	Total		3_2,000,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	25	\$ 2,650,000.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question I.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s
	Printing and Engraving Costs		\$
	Legal Fees		\$ 10,000.00
	Accounting Fees		\$ 5,000.00
	Engineering Fees		s
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		s
	Total		\$_15,000.00

C: OFFERING PRICE; NU	MBER OF INVESTORS; EXPENSES AND USE OF P	ROCEEDS	
and total expenses furnished in response to Part C -	ering price given in response to Part C — Question 1 — Question 4.a. This difference is the "adjusted gross		\$2,985,000.00
each of the purposes shown. If the amount for	proceed to the issuer used or proposed to be used for any purpose is not known, furnish an estimate and of the payments listed must equal the adjusted gross art C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees]\$. 🗆 s
Purchase of real estate	[]\$. 🗆 s
Purchase, rental or leasing and installation of m	achinery	¬ c	П¢
	acilities		
Acquisition of other businesses (including the v offering that may be used in exchange for the as	alue of securities involved in this	-	
•		_	-
Other (specify):		\$	s
	[s	. 🗆 S
Column Totals		□ \$ <u>0.00</u>	2,985,000.0
Total Payments Listed (column totals added)		985,000.00	
	D-FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by tignature constitutes an undertaking by the issuer to fine information furnished by the issuer to any non-active to the issuer to active	he undersigned duly authorized person. If this notice furnish to the U.S. Securities and Exchange Commis	e is filed under Ru sion, upon writte	ile 505, the following
ssuer (Print or Type)	Signature	Date	
Wiland Direct, Inc.	2021	June 12, 2008	
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
like Gaffney	Chief Financial Officer		

- ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)